

## GRANT AWARD MODIFICATION

FORM 223 EZ (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS  
PO BOX 419047  
RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT	<input type="checkbox"/> NEW
(2) ADDRESS	
(3) PROJECT TITLE	

(4) GRANT PERIOD
(5) GRANT AWARD NUMBER
(6) MODIFICATION NUMBER

(7) CONTACT PERSON	(9) PHONE NUMBER
(8) E-MAIL ADDRESS	(10) FAX NUMBER

## (11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION		PROPOSED CHANGE		REVISED ALLOCATION	
	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE
A. PERSONAL SERVICES						
B. OPERATING EXPENSES						
C. EQUIPMENT						
TOTAL						

## FEDERAL PROJECT ACRONYMS

<b>BVPP</b>	Bulletproof Vest Partnership Program	<b>FSIA</b>	Forensic Sciences Improvement	<b>MCP</b>	Mentoring Children of Prisoners	<b>VAWA</b>	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
<b>BYRN</b>	Byrne State / Local Law Enforce Assist	<b>FSID</b>	Forensic Sciences Improvement Discretionary	<b>PSNC</b>	Project Safe Neighborhood - Central	<b>VOCA</b>	Victims of Crime Act
<b>CJAS</b>	Child Justice Act	<b>FVPS</b>	Family Violence Preventive Services	<b>PSNN</b>	Project Safe Neighborhood - Northern		
<b>DVCV</b>	Rural Domestic Violence / Child Victim	<b>LLEB</b>	Local Law Enforcement Block Grant	<b>RSAT</b>	Residential Sub Abuse Treatment		

## STATE PROGRAM ACRONYMS

CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecut/Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program-Gen Fund	VDI	Vertical Defense of Indigents
CHSP	Cold Hit Special Project	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAE	Child Sexual Abuse / Exploitation						
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	LFLIP	Local Forensic Lab Improve Program	RP	Rape Prevention	VWA	Victim Witness Assistance
		MAGE	Multi-Agency Gang Enforcement				
DV	Domestic Violence	PPD-GF	Public Prosecut / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone

## (12) JUSTIFICATION FOR MODIFICATION

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

## FORM 223 INSTRUCTIONS

**GENERAL INSTRUCTIONS** – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address

1. **RECIPIENT:**  
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **ADDRESS:**  
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
3. **PROJECT TITLE:**  
Enter the project title as it appears on the approved "Grant Award Face Sheet".
4. **GRANT PERIOD:**  
Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.
5. **GRANT AWARD NUMBER:**  
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
6. **MODIFICATION NUMBER:**  
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
7. **CONTACT PERSON:**  
Enter the person to be contacted regarding questions on this form.
8. **E-MAIL ADDRESS:**  
Enter the e-mail address for the contact person.
9. **PHONE NUMBER:**  
Enter the phone number for the contact person.
10. **FAX NUMBER:**  
Enter the fax number for the contact person.
11. **REVISION TO BUDGET:**  
If this modification affects the budget, enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns. Enter the acronym (see chart) for the Federal grant OR State program to which the modification applies in the column heading.
12. **JUSTIFICATION FOR MODIFICATION:**  
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**  
Original signatures of the Project Director and the Financial Officer as shown on the "Grant Award Face Sheet" are required on all modification requests.
14. **OES APPROVAL SIGNATURES:**  
For OES internal use only.